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Analyzing the Effect of Interview Time and Day on Emergency Medicine Residency Interview Scores

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Authors

Alanna O'Connel, Sean Greco, Peter Tomaselli, Megan Stobart Gallagher, Robin Naples, and Dimitrios Papanagnou

were reported on a 5-point Likert scale.

Results: 32/48 (67%) residents participated. 100% would like the asynchronous curriculum to continue. 84.4% prefer in-person conference with AL to all in-person conference; 90.1% prefer remote conference with AL to all remote conference. Regardless of the modality, residents found that adding AL made didactics more convenient, better for retention of learning, better for work/life balance, and more enjoyable.

Conclusions: EM residents perceive asynchronous learning as a valuable addition to their didactic curriculum and find it even more preferable in the COVID-19 era of remote learning.

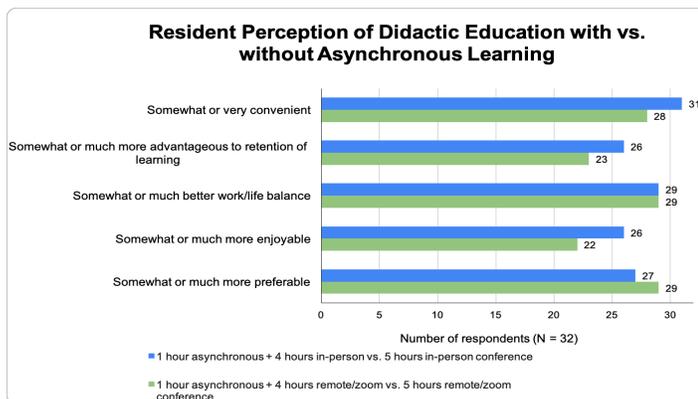


Figure.

8 Analyzing the Effect of Interview Time and Day on Emergency Medicine Residency Interview Scores

Alanna O’Connell, DO; Sean Greco, MS 2; Peter Tomaselli, MD; Megan Stobart-Gallagher, DO; Robin Naples, MD; Dimitrios Papanagnou, MD

Learning Objectives: To analyze whether interview date or time has an effect on residency interview score for applicants to Emergency Medicine residency programs.

Background: The residency interview is essential to successfully match to a residency program. There are many confounding factors to the match success. To date, no studies have examined the association between timing of interview and interview score.

Objectives: The authors sought to retrospectively analyze interview data over the past 3 years to determine if month of interview and time of day influence overall interview score. We hypothesize that overall interview score would not be affected by date of interview or time of day.

Methods: Data from a 3-year EM residency program in an urban academic medical center was examined. Interview data for 3 full interview cycles was reviewed. Interview raw scores, interview date, and time were analyzed. Time of day was created into 2 categorical variables: morning and afternoon. Data points were grouped according to date and

time, with subsequent interview scores recorded adjacently. A regression analysis of the data points was then performed.

Results: There was no statistically-significant difference between date of interview or timing of interview on candidate’s overall interview score. Findings correlate with similar studies in graduate medical education.

Conclusions: Our findings suggest that time of interview during the application season, as well as time of day, do not have a relationship with overall interview score. Findings should reassure applicants that a particular interview slot will not put them at a disadvantage in the match process. Future studies should include interview scoring rubrics from several other programs to ascertain the generalizability of our findings.

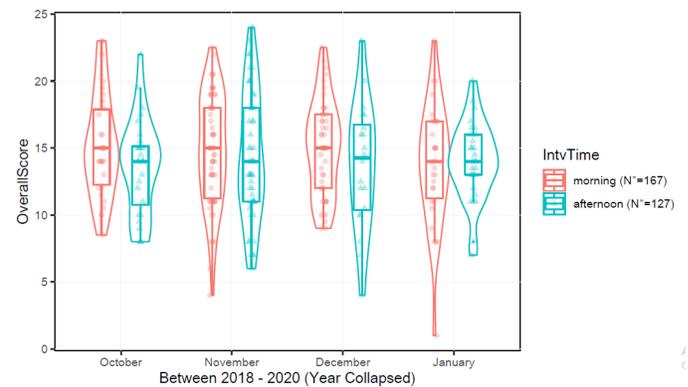


Figure 1. Displaying data from 2018-2020 (with years collapsed) interview scores and the months/times of day applicants were interviewed.

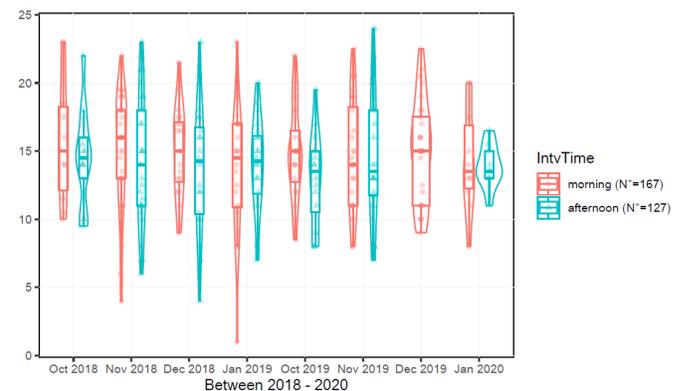


Figure 2. Displaying data from 2018-2020 (individual years) interview scores and the months/times of days applicants were interviewed.

9 Assessment of Horizontal Violence Towards Emergency Medicine Residents in a Single Academic Emergency Department

Ashley Jacobson, MD; Neha Raukar, MD, MS; Lisa Schlitzkus, MD; James Colletti, MD

Learning Objectives: The objective of this study was to

identify sources of horizontal violence (HV) toward emergency medicine residents. Our hypothesis was that women residents earlier in their training would experience more HV as measured by the Negative Acts Questionnaire-Revised (NAQ-R).

Background: Bullying is prevalent across multiple industries, including academic medicine. The majority of health care research in horizontal violence (HV) has been within the nursing field.

Objectives: The objective of this study was to identify sources of HV toward emergency medicine (EM) residents. Our hypothesis was that women residents earlier in their training would experience more HV as measured by the Negative Acts Questionnaire-Revised (NAQ-R).

Methods: This pilot study utilized a descriptive cross-sectional survey design to categorize HV. Participation was voluntary; all were residents in an ACGME-approved, three-year academic EM residency in Rochester, MN. Data was collected via electronic survey and occurred at the midpoint of one academic year.

Demographic information and responses to the NAQ-R were collected. It is subdivided into three categories of bullying: work-related, person-related, and physical intimidation. Residents were asked to answer 22 questions as it relates to their interactions with other residents and again as it relates to ancillary staff.

Results: A total of 23 of 26 residents responded (88%). Participants were 56% women, 78% white, 12% Hispanic, and 89% heterosexual. Clinical year was broken down into 39% first, 39% second, and 22% third year residents.

Women reported a higher frequency of HV compared to men ($p < 0.001$). There was no difference in reported frequency of violence based on clinical year ($p = 0.15$). By category, women indicated more frequent incidences of work-related violence, both from residents ($p = 0.031$) and staff ($p = 0.008$) and more incidences of person-related violence from staff ($p = 0.038$).

Conclusion: Our pilot study demonstrates that HV toward EM residents exists with women experiencing more work-related and person-related violence. Limitations include small sample size and recall bias. Future endeavors should include larger scale studies with a more heterogeneous population.

10 Changes in Faculty Attendance at Resident Conferences After Transitioning to a Virtual Format

Travis Eastin, MD; Lauren Evans, MD; Amanda Young, MD; Meryll Pampolina, MD; Meredith von Dohlen, MD; Christopher Fowler, DO; Rachael Freeze-Ramsey, MD; Sarah Greenberger, MD; Carly Eastin, MD

Learning Objectives: Evaluate the effect of change from in-person to virtual resident conference on faculty attendance rates.

Background: The COVID-19 pandemic has forced

many graduate medical education programs to move from in-person educational activities to a virtual format. Academic faculty are typically encouraged to attend resident conferences, but it is unclear if faculty attendance could be affected by these format changes.

Objectives: To examine changes in conference attendance after changing from in-person to virtual delivery. We hypothesized that faculty attendance would increase overall with the transition to virtual format.

Methods: This is a retrospective, observational study of faculty attendance at resident conferences between July 2020 to November 2020, abstracted from routinely collected conference records for 24 faculty. To reduce bias, this period was chosen due to changes in how conference attendance was recorded for faculty. Our exposure groups included faculty attending in-person conference versus virtual conference via Zoom©. The primary outcome was conference attendance. Calculations were performed using chi-squared testing.

Results: Overall, there were 1920 hours of conference, with 447 hours attended by faculty (23.3%). Attendance for in-person and virtual formats were 23.7% and 22.1%, respectively (Table 1). Comparison revealed no significant difference between conference format and conference attendance ($\chi^2 = 0.51, p = 0.47$).

Conclusions: Faculty attendance at resident conferences did not change significantly after transitioning from in-person conference to virtual format. Limitations included a small sample size.

Table 1. Faculty attendance at resident conference with in-person or virtual formats.

Format	Attended	Not attended	Total	% Attended
In-person	341	1099	1440	23.7%
Virtual	106	374	480	22.1%

11 Changes in Resident Conference Attendance After Transitioning to a Virtual Format

Lauren Evans, MD; Amanda Young, MD; Meryll Pampolina, MD; Meredith Von Dohlen, MD; Christopher Fowler, DO; Rachael Freeze-Ramsey, MD; Sarah Greenberger, MD; Travis Eastin, MD, MS; Carly Eastin, MD

Learning Objectives: To examine changes in conference attendance across various methods of conference delivery: in-person, virtual conference, and virtual conference with a video-on requirement. We hypothesized that overall attendance would increase with the change to virtual format.

Background: The COVID-19 pandemic has forced many graduate medical education programs to move from in-person